

<b>Case Number:</b>	CM14-0076291		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53 yr. old male claimant sustained a work injury on 5/21/10 involving the left knee. He was found to have an undisplaced fracture and tear of both menisci and underwent debridement and removal of synovial plica. His pain had been previously been managed with Tramadol and other non-specified opioids in 2011. Recently he had been using Celebrex. A progress note on 4/29/14 indicated the claimant had 8/10 pain that improved to 4/10 while on medications. Exam findings were notable for joint line tenderness of the left knee. He was given a course of therapy and a prescription for Vicodin 5mg daily for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1 Prescription of Vicodin 5/300mg #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use.

Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids previously. He was getting relief with Celebrex. The request for Vicodin is not medically necessary.